

## Non-Resident Golf Application

The Non-Resident Golf membership applies to any person who lives 75 miles from Ulen C.C. and does not own or rent property in that radius.

*Please include with this application a copy of the most recent Federal Tax document showing property address or a copy of your driver's license, which must show out of state address, for approval.*

## Personal Information

Name \_\_\_\_\_  
Title First Middle Initial Last

Home Address \_\_\_\_\_  
Street City State Zip code

Billing Address (If Different) \_\_\_\_\_  
Street City State Zip Code

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Domestic Partnership

Please fill out the Spouse/Significant Other information below, if applicable.

Spouse/Significant Other Name \_\_\_\_\_  
Title First Middle Initial Last

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Email Address \_\_\_\_\_

*Significant Other Must reside in the same residence as the applicant to qualify for family membership.*

## Professional Information

Applicant's Occupation and/or Nature of Business or Profession \_\_\_\_\_  Retired

Name of Company \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Business Phone Number \_\_\_\_\_ Years in Present Employment \_\_\_\_\_

Spouse/Significant Other Occupation and/or Nature of Business or Profession \_\_\_\_\_  Retired

Name of Company \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Business Phone Number \_\_\_\_\_ Years in Present Employment \_\_\_\_\_

## Family and Other Information

Please list children living at home, under 23 years of age who are full time students, attach an additional sheet as needed.

1. \_\_\_\_\_  Male  Female  
First Last Age Date of Birth
2. \_\_\_\_\_  Male  Female  
First Last Age Date of Birth
3. \_\_\_\_\_  Male  Female  
First Last Age Date of Birth
4. \_\_\_\_\_  Male  Female  
First Last Age Date of Birth

Other Club Memberships (*Previous & Current*) \_\_\_\_\_

If you have been a board member or preformed committee work at any of these clubs, please describe your involvement:

\_\_\_\_\_

Please list by name any relatives who have been or currently are members of Ulen Country Club: \_\_\_\_\_

\_\_\_\_\_

Why do you wish to join the Club? \_\_\_\_\_

\_\_\_\_\_

## Sponsor Information

Each application must be sponsored by a Ulen Country Club member in good standing. Please note sponsor name and have them sign this application. The undersigned members of Ulen Country Club verify that they are personally acquainted with the person who is making application for membership, vouch for the applicant's reputation for good character and creditworthiness, and express their belief that the applicant would make a good and valued member of Ulen Country Club.

1. Primary Sponsor \_\_\_\_\_  
Printed Name Signature
2. Secondary Sponsor \_\_\_\_\_  
Printed Name Signature

## *Authorization*

The applicant acknowledges and agrees that (i) acceptance by Ulen Country Club of a check or other method of payment for deposit in connection with this application shall and does not constitute acceptance of applicant as a member; (ii) The Club is a private club which reserves the right to grant or deny membership as set forth in its Articles of Incorporation, bylaws, and rules and policies.

The applicant authorizes Ulen County Club to make sure investigation of applicant's affairs, financial and otherwise, as it deems appropriate to determine applicant's suitability for membership. The applicant further authorizes all persons or entities reflected on this application to disclose to the Club such information as may be pertinent to this application, including but not limited to, applicant's ability to pay all charges incurred at the club and applicant's reputation of financial trustworthiness and general reputation for good character.

The applicant understands that Ulen County Club does not discriminate in membership, employment or otherwise based upon race, creed, sex or national origin.

The applicant certifies, that all information set forth in this application is true and correct. The applicant agrees, if accepted for membership, to pay all fees, assessments and accounts at the time prescribed and to accept, abide and be governed by the Articles, bylaws and rules and regulations of Ulen Country Club, as currently in force or as may be amended from time to time. The applicant understands that termination or resignation of membership does not waive the initiation fee balance due. The Club shall be entitled to reimbursement for reasonable attorney fees, all costs of collections, costs of litigation, if applicable, and any other charges incurred with respect to the collection of any delinquent accounts, regardless whether litigation is instituted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Significant Other's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If applicable)*

*Please drop off your application to our Administration Office, or you can email it to our Office Manager, Mercedes Jones, at [mjones@ulenc.com](mailto:mjones@ulenc.com).*

ULEN COUNTRY CLUB  
100 Country Club Drive, Lebanon, IN 46052  
(765) 482-5310 | [www.ulenc.com](http://www.ulenc.com)

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### *For Office use only*

Date Received \_\_\_\_\_

Effective Date of Membership \_\_\_\_\_

New Membership Number \_\_\_\_\_